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## BIB DATA SHEET

CONFIRMATION NO. 5235

<b>SERIAL NUMBER</b> 10/687,525	<b>FILING or 371(c) DATE</b> 10/15/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2609	<b>ATTORNEY DOCKET NO.</b> MCIN121603	
<b>APPLICANTS</b> David J. McIntyre, Issaquah, WA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/418,576 10/15/2002 <i>YES: A.W.</i> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <i>None, A.W.</i> <b>** SMALL ENTITY **</b> 01/17/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /AKLILU K WOLDEMARIAM/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC 1420 FIFTH AVENUE SUITE 2800 SEATTLE, WA 98101-2347 UNITED STATES					
<b>TITLE</b> System and method for simulating visual defects					
<b>FILING FEE RECEIVED</b> 522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		